



REP. JIM BRIDENSTINE



OKLAHOMA'S FIRST DISTRICT

Privacy Release and Constituent Information Form

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Jim Bridenstine and/or his representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms –including medical records or other documents or matters relative to my case – to Congressman Jim Bridenstine and/or his representative. I also authorize any Federal Agency or Department to furnish copies of any documents, correspondence, or information relative to my inquiry to Congressman Jim Bridenstine and/or his representative.

STEP 1

Please complete the following personal information for the subject of the inquiry.

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____

Fax Number _____ Email _____

Date of Birth _____ Social Security Number _____

STEP 2

Briefly explain the problem and attached copies of any relevant documentation. *Required (Please print legibly)

Have you contacted any other Congressional or Senate offices about this issue? _____ If yes, whom _____

STEP 3

Sign and Date- Then go to the next page. If you are signing on behalf of another, please provide a copy of your authority to do so (example: Power of Attorney).

I hereby declare that I am currently a resident of the First Congressional District and the information contained in this release is truthful and complete to the best of my knowledge.

Print Name _____

Signature _____ Date _____

You have my permission to discuss my case with the following person(s): _____

**STEP
4**

Complete **only** the sections that apply to your inquiry.
If you do not know the requested information, you may leave it blank.

Social Security

Current level of claim:

☐ New Claim ☐ Reconsideration ☐ Hearing ☐ Appeals Council ☐ Federal Court

Immigration

Beneficiary Information (If more room is needed, please attach additional pages)

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

A Number _____ Receipt Number _____ Date of Application _____

Internal Revenue Service

Company Name (if applicable) _____ EIN # _____

Your Relationship to the Business _____

Type of Tax (income, employment, etc.) _____ Tax Years: From _____ To _____ Tax Form _____

(Office Use Only) I give TPA permission to contact the constituent directly regarding this inquiry _____

Medicare or Workers Compensation

Medicare Number _____ OWCP Number _____

Veterans Affairs and Military

VA Case/C-File # _____ Branch of Service _____

Rank/Grade _____ Dates of Service _____ Duty Station _____

Passports

Date of Application _____ Date of Travel _____ Application Number _____

Destination _____ Did you pay to expedite the application? _____

**STEP
5****Return****By Mail or In Person**

Congressman Jim Bridenstine
2448 E. 81st St, Suite 5150
Tulsa, OK 74137

By Fax or Email

Fax: 918-935-2716
Email: Bridenstine@mail.house.gov

Questions?

918-935-3222